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G. MCLEOD

**EXAMINER** 



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FILED

11 FEB -3 PHZ: (1)
SECRETARY OF STATE
ALLAHASSEF FLORING

G. MCLEOD

FFR - 4 2011

EXAMINED

## **COVER LETTER**

TO: Registration Sec Division of Corp	tion orations		
SUBJECT:	SPEARS A	AND SHIELD LLC	
		ited Liability Company	
		•	months and the state of the sta
			and the second s
The enclosed Articles of A	Amendment and fee(s) are su	bmitted for filing.	
Please return all correspon	dence concerning this matte	er to the following:	
		PIERRE PERDREAU	
		Name of Person	
	SPI	EARS AND SHIELD LLC	
,		Firm/Company	<del></del>
	•		
	23	5 LINCOLN ROAD #311	
	•	Address	
	М	IAMI BEACH FL 33139	
		City/State and Zip Code	
	PP@BA	RCLAYSOUTHBEACH C	СОМ
	E-mail address:	(to be used for future annual report no	otification)
For further information co	ncerning this matter, please	call:	
PIERR	E PERDREAU	at ( 305 )	999-4965
- Name of	Person	Area Code & Day	time Telephone Number
Enclosed is a check for the	e following amount:	1	
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclo	\$60.00 Filing Fee, Certificate of Status &  Certified Copy (additional copy is enclosed)
Registra Division P.O. Bo	NG ADDRESS: tion Section of Corporations x 6327 see, FL 32314	STREET/COU Registration Sec Division of Cor Clifton Building 2661 Executive Tallahassee, FL	porations 3 Center Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SP1	EARS AND	SHIELD LL	C		_	
(Name of the Limited (A	<b>Liability Compa</b> Florida Limited l	<u>ny as it now appe</u> Liability Company	ars on our records.)			
The Articles of Organization for this Limited Lia Florida document number L11000009	were filed on	01/21/2011	and	l assig	ned	
This amendment is submitted to amend the follo	wing:		and the second s	•		
A. If amending name, enter the new name of	the limited liab	oility company h	<u>ere</u> :			
	N/A					
The new name must be distinguishable and end with "L.L.C."	n the words "Lim	ited Liability Com	pany," the designation "	LLC" or	the abb	reviation
Enter new principal offices address, if applica	ıble:	· N/A		₽s.	_	
(Principal office address MUST BE A STREET ADDRESS)		. N/A		ECR	1	4.7094
		N/A		HAS	8	
				RY (	ω	
Enter new mailing address, if applicable:		N/A		골	ズフ	-   1   1   1   1   1   1   1   1   1
(Mailing address MAY BE A POST OFFICE BOX)		N/A	<del></del>	<u>-용</u> 로	-3-	
	•	N/A		<u>Sm</u>		
B. If amending the registered agent and/o registered agent and/or the new registered off	r registered of	ffice address on	our records, enter	the nan	<u>ie of</u>	the new
Name of New Registered Agent:	N/A			<u> </u>		
New Registered Office Address:	N/A					
		Enter Florida street address				
	·		, Florida	<del></del>		
	1 .	City		Zip (	lode	
New Registered Agent's Signature, if changing R	egistered Agent:	<u>.</u>				
I hereby accept the appointment as registered the provisions of all statutes relative to the pr accept the obligations of my position as regis being filed to merely reflect a change in the re company has been notified in writing of this co	oper and comp tered agent as egistered office	olete performanc provided for in (	e of my duties, and I ( Chapter 608, F.S. Or,	am fami if this a	liar w locum	rith and ent is

Page 1 of 2

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>		Name	Address	Type of Action
SEC	_	MATHIEU ROCHETTE	555 NE 15TH STREET # 200 MIAMI FL 33132	Add Remove
	_	<del></del>		Add Remove
· · ·	-			Add Remove
		•		Add Remove
	-	, ,		Add Remove
,	_			Add Remove
D. If ar	nendin <sub>i</sub> <u>N/A</u>	g any other information, enter	change(s) here: (Attach additional sheets, if necessary.)	_
				<del>-</del>
Dated _		01/31 ,	2011	<u></u> .
	_	Signature of a n	nember or authorized representative of a member	<del></del>
	_		PIERRE PERDREAU  Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00